

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033363

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 6573 Registrar's No. 357

FILED AUG 26 1963

VS 300
Rev. 4/59

1 0940

2 0941

3 2

4 0

5 1

6

7 0

8 2

9 X

10

11 094

12 1-3

13 10

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rt. 2, Bonne Terre		c. CITY OR TOWN Bonne Terre	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 407 Ash Street
3. NAME OF DECEASED (Type or print) First Edward Middle Eugene Last Reagan		4. DATE OF DEATH Month August Day 17 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/29/1927
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Mill		10b. KIND OF BUSINESS OR INDUSTRY Labor-Timber	9. AGE (last birthday) 36
11. BIRTHPLACE (City and state or country) Lesterville, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry Reagan		13b. MOTHER'S MAIDEN NAME Anna Hasty Reagan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no		16. SOCIAL SECURITY NO. 36	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Internal Dismiss		14. NAME OF HUSBAND OR WIFE Ruby Burns Reagan	
DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 2 HRS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile Accident	
20c. TIME OF INJURY Hour 3:00 p.m. Month, Day, Year Aug 17 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM ROAD		20f. CITY, TOWN, OR LOCATION PEIMROSE CHURCH ROAD	
21. I attended the deceased from _____, to _____, and last saw her alive on _____.		22a. SIGNATURE (Degree or title) Ted Boyer Coroner	
22b. ADDRESS Bonne Terre Mo		22c. DATE SIGNED 8-22-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/21/1963	23c. NAME OF CEMETERY OR CREMATORY Charter Cemetery	23d. LOCATION (City, town, or county) (State) Rt. 3, Desoto, Missouri
24. FUNERAL DIRECTOR Dale Sparks	25. DATE RECD. BY LOCAL REG. Aug. 22, 1963	26. REGISTRAR'S SIGNATURE Elmer Rudloff	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Bonnie Lane Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.